

Attachment 4

Business Declaration Form

DTF AEN-11-R-00022

**Cafeteria Operation at No Cost to the Government
at the**

**Washington District Office, Washington Air Route Traffic Control Center
825 East Market Street, Leesburg, Virginia**

BUSINESS DECLARATION

Tax Identification No.:

1. Name of Firm: _____
2. Address of Firm: _____
3. Telephone Number of Firm: _____
4. a. Name of Person Making Declaration _____
- b. Telephone Number of Person Making Declaration _____
- c. Position Held in the Company _____
5. Controlling Interest in Company ("X" all appropriate boxes)
- a. Black American b. Hispanic American c. Native American d. Asian American
- e. Other Minority (Specify) _____ f. Other (Specify) _____
- g. Female h. Male i. 8(a) Certified (Certification letter attached) j. Service Disabled Veteran Small Business
6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- a. Yes b. No (If "NO," provide the name and telephone number of the person who has this authority.)

7. Nature of Business (Specify major services/products (NAIC)) _____
8. (a) Years the firm has been in business: _____ (b) No. of Employees _____
9. Type of Ownership: a. Sole Ownership b. Partnership
- c. Other (Explain) _____
10. Gross receipts of the firm for the last three years:
- | | |
|-------------------------|---------------------------|
| a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ |
| a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
11. Is the firm a small business? a. Yes b. No

I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____ ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.

12. a. Signature _____ b. Date: _____
- c. Typed Name _____ d. Title: _____